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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

#11

Group Art Unit: 2878)
Examiner: Que T. Le)
Patent No.: 6,396,047)
Issued: May 28, 2002)
Serial No.: 09/441,958)
Title: Sensor For Detecting A Quantity Of)
Light Incident On A Vehicle)
Patentee: Kazuyoshi Sumiya et al)
Docket No.: 4041J-000447)

FOURTH REQUEST for
Examined Information Disclosure
Statement Form PTO-1449

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-145

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Sir:

We have noted in reviewing our file records for the above identified case, that we have not received a copy of the Form PTO-1449 filed with the subject application on November 17, 1999 (see attached copy), wherein the Examiner has indicated his review of the references cited. Applicants respectfully request receipt of a copy of this form so our file will contain the appropriate information relating to this case.

Respectfully submitted,

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Attorneys for Applicant(s)

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Date: May 28, 2003

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 5/28/03.

By , Attorney for Applicant.

OIP E JC178
MAY 30 2003
PATENT & TRADEMARK OFFICE

PTO-1449

Department of Commerce
Patent and Trademark Office

Atty. Dkt. No. **265013** Client Ref. **52564-US-MK/MK**

INFORMATION DISCLOSURE STATEMENT

Applicant: **SUMIYA, et al**
Appln. No.: **NEW APPLICATION**
Filing Date: **November 17, 1999**
Examiner: **unknown** Group Art Unit: **unknown**

Date: **November 17, 1999** Page **1** of **1**

U.S. PATENT DOCUMENTS

Examiner's Initials*	Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	SubClass	Filing Date (if appropriate)
AR	5 602 384	2/1997	NUNOGAKI et al			
BR						
CR						
DR						
ER						
FR						
GR						
HR						
IR						
JR						
KR						
LR						
MR						
NR						

FOREIGN PATENT DOCUMENTS

	Document Number	Date MM/YYYY	Country	Inventor Name	Class	SubClass	English Abstract		Translation Readily Available	
							Enclosed	No	Enclose	No
OR							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PR							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QR							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RR							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SR							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UR							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VR							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WR							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XR							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER (including in this order: Author, Title, Periodical Name, Date, Pertinent Pages, etc.)

YR										
ZR										
AAR										
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ACR										
ADR										

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Examiner _____ Date Considered: _____

*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP ' 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.